

# Independent Review Board

STATE OF WISCONSIN

## MINUTES OF THE MEETING OF MARCH 29, 2005

**Board Members Present:** Chair Dr. Jay Gold; Vice-Chair Dr. Paul Millea; Eileen Mallow; and Dr. David Zimmerman.

**Board Members Absent:** Jerry Popowski

**Bureau of Health Information and Policy Staff:** Susan Wood, Director; Judith Nugent, Chief, Health Care Information Section; Wen-Jan Tuan; Audrey Nohel; Al Nettleton; and Stacia Jankowski.

**Others Present:** Cindy Helstad, Wisconsin Medical Society; Michael J. Grogan, Medical College of Wisconsin; Robert Stone Newsom, Wisconsin Public Health and Health Policy Institute.

### Call to Order

At 9:03 a.m., Dr. Jay Gold called the meeting to order. A quorum was deemed present.

### Minutes of the November 12, 2004 meeting

Dr. Paul Millea moved to approve the minutes, and Eileen Mallow seconded the motion. The motion passed, and the minutes were approved.

### Public Health Council - update

Susan Wood provided an update on the Public Health Council, the new Council appointed by the Governor. She informed the group that the Council has established three committees: Executive, Emergency Preparedness, and State Health Plan. Both the Emergency Preparedness and State Health Plan committees have been combined with existing committees to reduce redundancy, where possible, and fill gaps. The older committees have been disbanded and their members incorporated into the new Public Health Council committees. The Executive Committee is working to establish a charter for each committee to identify the expectations.

Dr. Gold asked about the focus of each of the committees. Ms. Wood reminded the group that the charge of the Council is to provide recommendations and advice on emergency preparedness and the state health plan. Ms. Wood explained that the State Health Plan Committee is trying to focus on areas where there appear to be gaps in coverage in the state health plan, such as health disparities and social and economic factors that influence health. The Emergency Preparedness Committee will address options for working effectively within such a large group, underserved populations, communications, coordination of activities across Wisconsin, financing, training, and curriculum.

The next Public Health Council meeting was scheduled for April 8, 2005, at the Marshfield Clinic.

Ms. Wood said that she wanted to respond to Dr. Millea's comment from the last meeting, in which he identified pertussis as a vital issue for the Council to consider. She reported that the Division of Public Health has convened a blue ribbon task force to address the issue of pertussis. The task force's role is to evaluate the magnitude of the pertussis epidemic over the last year and to make recommendations for protocols for handling pertussis cases. Ms. Wood reported that in Wisconsin there were 5,424 cases in 2004 compared to 733 cases in 2003, and previous years had averaged between three hundred and four hundred cases. The 2004 volume was overwhelming for the local public health system, because of the follow-up required for pertussis cases.

### Health Care Information Colloquium - update

The Health Care Information Colloquium was held on February 7, 2005. It included three speakers from out

of state that have been involved in some form of health information technology, two reactor panels, and remarks from Secretary Helene Nelson. The Department worked with the University of Wisconsin Medical School Public Health and Health Policy Institute to convene the event. Ms. Wood explained that in Secretary Helene Nelson's closing remarks she indicated that the colloquium was intended to bring people and ideas together to help inform the dialogue that is occurring on this subject in Wisconsin.

Ms. Wood explained that several items in the budget have been of particular interest to the Board on Health Care Information (BHCI), because the budget would essentially disband the BHCI and create a new board, the Board on Health Care Quality and Patient Safety. The BHCI has indicated a willingness to propose recommendations for the new board. Ms. Wood suggested a joint meeting between the Independent Review Board and the BHCI to discuss the recommendations for the new board. Dr. Gold thought that this was a valid suggestion, since this new board will need to have strong relations with the Independent Review Board. The IRB agreed to explore this option. Ms. Wood will coordinate with the two chairpersons on this possibility.

Ms. Wood distributed a high-level budget summary prepared by the Department, a document she said is available on the Department's Web site. She summarized the budget's health information changes, which include disbanding the BHCI, creating the new board, developing a health care data repository, and authorizing loans or grants to spur the use of information technology. Staff and funds are transferred to the Department of Administration for administration of this board. The \$10 million in funds for the loans and grants would be transferred from the patient compensation fund. Ms. Wood distributed the press release announcing the Governor's health information changes.

Dr. Gold asked if Ms. Wood had any sense of how these proposals were being received in the Legislature. Ms. Wood said that she did not, but that Secretary Nelson was presenting on the Department's budget on March 29, 2005.

A public hearing was held on options for a public health institute. Representative Hines, Chair of the Public Health Committee in the Assembly, convened the hearing. The following provided presentations:

- Wisconsin Public Health Association (WPHA);
- Wisconsin Association of Local Health Departments and Boards (WALDAB);
- Employees of two public health institutes in New York to discuss their history, what they have done, and how they work together with state government;
- Susan testified for the Department on the research that has been done within DHFS on public health institutes and the options that have been presented to the Secretary. Ms. Wood explained that the Secretary's response to the options paper included interest in some sort of public/private partnership for health information. She expressed support for working with WPHA in the creation of an "idea incubator" institute. WPHA is currently taking over the planning of this, and is exploring options over the next four to five months.

### **Physician Office Visit (POV) Data**

#### ***Data Collection***

Judith Nugent said that the collection of Physician Office Visit (POV) data has been temporarily suspended for quarter four of 2004, due to the implementation of the new data submission system. The new system is being rolled out in production now, and training is being provided to current submitters. POV staff are working with the submitters to help them learn the new system.

### ***Data Release***

Although there have been no data requests, Ms. Nugent said POV staff have been contacted about the data.

### ***Data Quality Standards***

The Board was provided with a draft document prior to the meeting that analyzed the impact and mitigation process associated with POV data quality. Judith Nugent walked Board members through the document. A series of impact analysis was done to determine what the errors were and the magnitude of their impact on the custom data requests already completed. As part of this analysis, the following were explored: characteristics and patterns of the error records, error correction processes, data mitigation strategies, how the errors affected the customers, and current data quality.

The definition of an error record rate is the ratio of the number of error records to the total number of records in the database. An error record is defined as one that generates a field processing error, which indicates there may be an error, but does not mean there is an error.

Ms. Nugent said that the two submitters that were found to have data in error for quarter two in 2004 were given the opportunity to correct the data even though they had already affirmed the data. The first submitter had errors due to duplicated values in the procedure modifiers. This submitter indicated they had corrected these data in their system and would not be updating the POV file. The submitter did provide an additional caveat to be included on all future reports. The second submitter was found to have errors due to incorrect procedure codes, which may have been due to a misunderstanding of the processing steps. This submitter chose to correct the data, reducing their error rate from 30% to 0.3%. A third submitter was found to have an error rate of 8% for period one due to errors in physician supplier and patient zip codes. Although this was not the same quarter, Mr. Tuan worked with the submitter to correct the errors.

Dr. Millea asked about the resources needed to make corrections to the file for the submitter that made corrections. Audrey Nohel responded that following a conference call with the submitter, an extract file was available in a couple of hours. Ms. Nohel said she thinks they were able to extract a new file, as opposed to reentering data.

Mr. Tuan has worked extensively with Fond du Lac Area Businesses on Health (FABOH) to determine the impact on their analysis. The first submitter's error did not have any impact on the FABOH report results. It was determined that the second submitter's errors would not be likely to affect the FABOH report results, because only 145 records (less than 0.1%) had a modifier that would have affected the reimbursement.

Dr. Zimmerman and Dr. Millea began a discussion about the benefit versus cost issue associated with these data. How valuable is it to have correct data based on the decisions that are being made with these data? The discussion moved to procedures that we have or can implement to ensure that the data are valid. Al Nettleton said the following four levels of validation occur:

- 1) Transfer level – Compare the size of the file received to the file sent.
- 2) File inspection – To determine if the file is in the right format.
- 3) Completeness – To determine if the file is complete.
- 4) Record content – The files are checked to ensure that the ICD9 codes used are valid and gender and age appropriate. There is a limited amount of content review that can occur. The system will not be able to identify a coding error if the submitter has a valid code that is gender and age appropriate, but ultimately is not the correct procedure code.

After this discussion, the Board members were satisfied that everything possible is being done to validate the data.

Dr. Millea asked if there were any sanctions that could be imposed on the submitters for data that is not valid. Ms. Nugent explained that the submitters are required to affirm the data once they have submitted the data to their standards. Dr. Zimmerman explained that he believes that there are in fact sanctions although they are not regulatory. These data sets will be used for making decisions and will be used by the submitting organization itself for making decisions, which means that they have an interest in making sure the data are correct.

Dr. Millea and Dr. Zimmerman recommended that the document distributed be edited to remove any provider identifiers and ensure that the tables represent the same number of quarters.

### ***Audit Status***

Ms. Wood said that the Legislative Audit Bureau is planning to complete the audit within the next couple of weeks. At that time, they will provide their results to the Department in letter format for the Department to respond to. When the report is available, it will be sent to the full Board.

### ***POV Marketing Update***

Ms. Nugent explained that the public use data set for 2003 was made available at no cost. It is generally felt that these data are not very valuable for the traditional customer without the provider ID and patient zip code. Ms. Nugent explained that in an effort to make the data more valuable for researchers, staff is in the process of notifying current data users of the availability, for a nominal price, of public use data sets containing additional data elements:

- 1) Patient visits
- 2) Patient within an organization
- 3) Patient across the submitting organizations
- 4) Physician specialty (if available)

In addition, Ms. Nugent said that staff are looking more closely at the pricing structure for custom data sets. Currently, there are two tiers for pricing. The first tier is for anyone requesting data for internal use; the second tier is for requesters that would like to release the data as part of their own data set. Ms. Nugent explained that staff are working to determine if the first tier is priced too high and the second tier too low for the market. Ms. Nugent will provide an update on their findings at a future meeting.

### **Potential items for upcoming IRB meeting**

- Report on the public use data effort in progress to market the POV data.
- Review of the new data elements
- Physician identifiers
- Planning for transition to Health Care Quality and Safety Board – what's planned and what advice could be provided to the new board for managing its work.
- LAB report – invite the primary author to discuss

### **Next IRB meeting**

The next meeting is scheduled for May 20, 2005 from 10:00 a.m. until 12:00 p.m. in room 372 at 1 West Wilson Street.

### **Adjournment**

Dr. Gold adjourned the meeting at 10:22 a.m.